

Fundraiser Approval Form

Contact Information

Club Name: _____ Today's Date: _____

Contact Name: _____ Phone: _____

Advisor Name: _____ Phone: _____

Fundraiser Information

Fundraiser Name: _____

Fundraiser Type (Bakesale, etc.): _____

Proposed Dates of Fundraiser: 1st Choice: _____ 2nd Choice: _____

Start Time: _____ End Time: _____ Location: _____

Facilities Request

Tables: _____ Chairs: _____ Canopies: _____

Other (garbage cans, AV, etc): _____

Description of Items Being Sold

(attach a price list on a separate word document if necessary)

Selling Price of Item(s): _____

Use of Funds

Who will benefit from the proceeds of this fundraiser? Please provide the name of the organization(s) that will receive these funds.

Student Organization (Club): _____

Non-Profit Organization: _____ Other: _____

How will the profits be used? _____

Approval Signatures

Club Advisor Signature / Date

Student Activities Coordinator / Date